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UNCLAS SECTION 01 OF 02 HARARE 000485

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ROME PLEASE PASS TO FODAG

E.O. 12958: N/A

TAGS: [PHUM](#) [KHIV](#) [ZI](#)

SUBJECT: BINGA - INCREASED PREVALENCE OF MALNUTRITION AMONG
CHILDREN

REF: A. 02 HARARE 2337

[B](#). 02 HARARE 2871

[C](#). 02 HARARE 2472

[1](#). Summary: On February 11, Save the Children-UK (SCF) issued its third Binga District Nutrition Survey in which they reported a slight increase in the prevalence of acute malnutrition among children aged 6 -59 months. The increase was not enough for malnutrition among pre-school aged children in the district to reach emergency levels. Mortality rates for both children under the age of five and the total population were within acceptable levels, contradicting numerous reports of death by starvation throughout the district over the last several months. The survey does show how HIV/AIDS has negatively affected the community over the last year and increased food insecurity among the vulnerable population. End Summary.

Worsening Nutrition

[2](#). On February 11, Save the Children-UK (SCF) issued its third Binga District Nutrition Survey (the first was conducted in December 2001 and the second in April 2002) in which they reported a slight increase in the prevalence of acute malnutrition among children aged 6 - 59 months. The objective of the survey was to estimate the prevalence of acute malnutrition and assess the changes in malnutrition levels. The survey covered all 21 wards in Binga and presented weight and height measurement data on 933 randomly selected children.

[3](#). Binga is one of the most isolated and least developed districts in Zimbabwe and was the site of heated discussions between the Government and SCF about food aid politicization last October. Food deliveries in Binga were blocked on two separate occasions, leaving the district without general food distribution for two months, although the Catholic church school feeding program continued. On October, 4 local authorities ordered Save the Children U.K. to halt food distribution, five months after previously having forced the Catholic Commission for Justice and Peace (CCJP) to stop distribution efforts in the same town. (The Catholic church feeding program was later resumed by a different church entity in advance of SCF's problems. See Reftels)

[4](#). As reported in ReftelB, SCF was just resuming food distributions in December, after a Government of Zimbabwe imposed, two and a half month suspension, and was preparing to feed the entire population of Binga (120,000 people according to the 2002 census results). Catholic Development Commission (CADEC) was providing supplementary feeding to 63,000 children aged 6 months to 12 years and 2000 pregnant women.

[5](#). Global acute malnutrition among pre-school aged children, measured by a decrease in the weight for height index and the presence of edema, worsened from April 2002 from 3.5 percent to 4.2 percent but was still within the acceptable range for malnutrition. Chronic malnutrition or stunting increased to 33.2 percent from 29.5 percent indicating that one-third of children are subjected to prolonged food deficits resulting in compromised physical development. Children not receiving SCF general food rations were 3.4 times more likely to be acutely malnourished.

HIV/AIDS Likely Cause of Deaths

[6](#). The crude mortality rate and the mortality rate for children under five were considered normal, debunking speculation that Binga had suffered widespread deaths by starvation. After an examination of the demographic

characteristics of the sampled households, one can infer that the primary causes of death during the three months preceding the survey were malaria and HIV/AIDS-related illnesses. (Note: The survey period coincided with the beginning of malaria season. End Note.)

17. The demographic composition of the survey sample was consistent with a community suffering from high levels of HIV/AIDS infection. Orphans were 8.2 percent of the surveyed children, up from 4.8 percent in April. Of this 8.2 percent, 2.3 percent had lost a mother only and 5.6 percent a father. There was a decrease in the percentage of female-headed households from 22.9 to 14.4 percent, which could be attributed to a decline in male migrational labor. There was one child-headed household, whereas the previous survey reported none. Households headed by an elderly person comprised 28 percent of respondents and households with either a chronically ill decision maker or other adult male comprised two percent of respondents.

18. Comment: This nutrition survey is a good assessment of the effect of SCF program on children aged 6 - 59 months. The sample selection appears to have been random and relatively free of bias and thus is a good representation of pre-school aged children. The results show that although malnutrition levels have increased, those receiving SCF food aid are doing much better than those who do not, even though 94 percent of children under five are also receiving CADEC supplementary food. The survey is also good in that it provides a snapshot of how disease is affecting this chronically food insecure community. SCF will conduct another survey to assess ongoing needs during the upcoming April/May harvest.

19. Comment continued: Unfortunately, one cannot extrapolate the results of this survey to the larger population receiving SCF food because the sample size does not reflect the population being fed by SCF. A growing body of literature is recognizing that using pre-school aged children as proxy indicators for the nutritional status for the entire population does not provide an accurate picture of malnutrition in a community. School-age children and adults could well exhibit higher levels of malnutrition because they are not receiving CADEC supplementary food in addition to the SCF rations. Also, adults, particularly mothers, may be forfeiting some of their food to ensure that their children are getting enough to eat. End Comment.

SULLIVAN